REQUEST FOR RESIGNATION	MLC
고수 [16]/ [17]	IHA
辞職届	MC
FROM: 1. ORGANIZATIONAL UNIT (CODE NO.) 部隊名	
THOM:	
2. NAME	3. EMPLOYEE NO. 従業昌業早
2. NAME 氏名	3. EMPLOYEE NO. 従業員番号
4. JOB TITLE & NO. 職種および職番	
5. DATE OF RESIGNATION 辞職日	6. DATE OF REQUEST 提出日
7. ADDRESS AND PHONE NUMBER AFTER RESIGNATION *	- North Learning
7. ADDRESS AND PHONE NUMBER AFTER RESIGNATION 辞職後の住所および電話番号	
8. EMPLOYEE'S SIGNATURE AND/OR HAN 従業員署名と印	
TO: DFAB 防衛施設局御中	
TO: DFAD P//国/尼表/可即十	
I HEREBY REQUEST TO RESIGN FOR THE REASON HEREIN INDICATED.	
このたび下記の理由により辞職したいので届け出ます。	
THE BEOLIEGT FOR DEGICALATION CHOIL D. DE CLIDAMITTE	D AT LEAST TWO WEEKS IN ADVANCE TO
THE REQUEST FOR RESIGNATION SHOULD BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE TO THE DATE OF RESIGNATION.	
本辞職届は少なくとも辞職希望日の14日前までに提出されなければならない。	